



eCOMMONS

Loyola University Chicago  
Loyola eCommons

---

Master's Theses

Theses and Dissertations

---

1990

## Perceptions of Juvenile Abuse Victims

MaryJane Thiel  
*Loyola University Chicago*

Follow this and additional works at: [https://ecommons.luc.edu/luc\\_theses](https://ecommons.luc.edu/luc_theses)



Part of the [Psychology Commons](#)

---

### Recommended Citation

Thiel, MaryJane, "Perceptions of Juvenile Abuse Victims" (1990). *Master's Theses*. 3726.  
[https://ecommons.luc.edu/luc\\_theses/3726](https://ecommons.luc.edu/luc_theses/3726)

This Thesis is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Master's Theses by an authorized administrator of Loyola eCommons. For more information, please contact [ecommons@luc.edu](mailto:ecommons@luc.edu).



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License](#).  
Copyright © 1990 MaryJane Thiel

PERCEPTIONS OF JUVENILE  
ABUSE VICTIMS

by  
MaryJane Thiel

A Thesis Submitted to the Faculty of the Graduate  
School of Loyola University of Chicago  
in Partial Fulfillment of the Requirements  
for the Degree of  
Master of Arts  
October  
1990



## ACKNOWLEDGEMENTS

The author wants to thank Dr. Jill Reich, Dr. Deborah L. Holmes and Dr. Linda Heath for their significant time, helpfulness and advice throughout the development of her thesis. Thanks are also extended to Patricia Vojacek for her loyal assistance on this project.

The author is especially grateful for the love and support shown her by her daughter, Pam, and dearest friend, Alan Thiel.

## VITA

The author, MaryJane Thiel is the daughter of John and Jacqueline A. (Miller) Horvath. She was born on June 21, 1949.

Her elementary education was received in the parochial schools of Chicago, Illinois. She graduated from Sullivan High School in Chicago in 1966.

She attended Northeastern Illinois University from August of 1982 until May of 1985. She graduated in 1985 with the Bachelor of Arts degree, with a major in Psychology. In 1984, while at Northeastern Illinois University, she was the President of Psi Chi, the Vice President of the Psychology Club and graduated on the Dean's High Honors List.

She was granted a graduate assistantship and entered the Developmental Psychology graduate program at Loyola University of Chicago in August of 1985.

In 1987, she co-presented a study entitled "Adolescent Social Interactions," and one entitled "Changes and Continuities in the Dimensions of Temperament: From Birth through First Grade," at the 1987 convention of the Illinois Psychological Association.

## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS . . . . .	ii
VITA . . . . .	iii
LIST OF TABLES . . . . .	vi
LIST OF FIGURES. . . . .	viii
CONTENTS FOR APPENDICES. . . . .	ix
 Chapter	
I. INTRODUCTION . . . . .	1
II. REVIEW OF RELATED LITERATURE . . . . .	6
Effects of Sexual Abuse. . . . .	6
Effects of Physical Abuse. . . . .	9
Summary: Effects of Abuse. . . . .	10
Perceptions of Victims . . . . .	11
Theoretical Basis for Denigrating	
Victims . . . . .	11
Empirical Support for Theory: Blaming	
Adult Victims . . . . .	13
Empirical Support for Theory: Blaming	
Juvenile Victims. . . . .	16
Summary: Perceptions of Victims. . . . .	18
Memory and Recall of Social Information. . . . .	18
Theories of Social Memory . . . . .	19
Empirical Support for Social Memory	
Theory. . . . .	21
Summary: Memory as a Mediator for Recall of	
Social Information . . . . .	24
Rationale for Current Study. . . . .	25
Hypotheses. . . . .	26
III. METHOD. . . . .	30
Design . . . . .	30
Subjects . . . . .	32
Subject Stimulus: Narrative. . . . .	32
Instruments. . . . .	35

	Perceptions of Victims' Questionnaire .	35
	Respondents Characteristics'	
	Questionnaire . . . . .	37
	Recognition Test. . . . .	37
	Procedure. . . . .	38
IV.	RESULTS . . . . .	41
	Manipulation Checks. . . . .	41
V.	DISCUSSION. . . . .	58
	REFERENCES . . . . .	65

## LIST OF TABLES

Table	Page
1. Dimensions of Behavior . . . . .	4
2. Total Number of Respondents Rating Self-Esteem, Attitude Toward Family Relations and Sexual Behaviors by: Group, Sex and History of Victimization . . . . .	33
3. Reliability for 10 Dimensions Assessed . . . . .	42
4. Percentage of Respondents Indicating Type of Abuse . . . . .	44
5. Means and Standard Deviations for Respondents' Rating of Dimensions from Perceptions of Victims' Questionnaire by Group . . . . .	45
6. Analysis of Variance Summary Table for: Self Esteem Ratings . . . . .	46
7. Analysis of Variance Summary Table for: Attitude Toward Family Ratings . . . . .	47
8. Analysis of Variance Summary Table for: Sexual Behavior Ratings . . . . .	48
9. Means and Standard Deviations for Respondents' Ratings of Dimensions from Perceptions of Victims' Questionnaire by History of Victimization . . . . .	49
10. Means and Standard Deviations for Respondents' Ratings of Dimensions from Perceptions of Victims' Questionnaire by History of Victimization . . . . .	50
11. Analysis of Variance Summary Table for: Items Not in Narrative and Congruent with Stereotype Items . . . . .	53
12. Analysis of Variance Summary Table for: Items Not in Narrative and Neutral . . . . .	55
13. Analysis of Variance Summary Table for: Items in Narrative and Congruent with Stereotype	56



14.	Analysis of Variance Summary Table for:	
	Items in Narrative and Neutral . . . . .	57

## LIST OF FIGURES

Figure	Page
1. Mean Scores of Correct Responses to Type III Items on Recognition Test as a Function of Group . . .	52
2. Mean scores of Correct Responses to Type IV item on Recognition Test as a Function of Group and History of Victimization . . . . .	54

## CONTENT FOR APPENDICES

Appendix A	Informed Consent . . . . .	72
Appendix B	Subject Stimulus: Narrative . . . . .	74
Appendix C	Perceptions of Victims' Questionnaire	77
Appendix D	Respondent Characteristics' Questionnaire . . . . .	81
Appendix E	Recognition Questionnaire . . . . .	85
Appendix F	Respondent Directions . . . . .	92

## CHAPTER 1

### INTRODUCTION

A large and growing body of literature suggests that, among adults, nonvictims tend to denigrate victims and, in some cases, hold the victims responsible for their own victimization. Several theories attempt to account for this phenomenon and empirical examinations support the fact that these adult victims are indeed often devalued (Lerner & Miller, 1978). The goal of this study is to assess whether or not this phenomenon generalizes to juvenile victims of sexual and physical abuse. Specifically, this project will examine how adults perceive child abuse victims along a number of behavioral dimensions as well as how adults believe they would behave toward these juveniles. It has been asserted (e.g., Frieze, 1986) that some victims are exposed to negative, judgmental attitudes from persons turned to for support. These attitudes may reflect nonvictims' negative perceptions of victims and these perceptions may influence the quality of support provided victims. Therefore, we need to understand more clearly how victims are perceived.

Perceptions may be mediated by memory. The way that

others perceive victims may be related to their ability to recall information about the victim. Another purpose of the current study is to assess whether or not the presentation of salient information about abuse status results in recall of information that is different from that recalled when there is no presentation of the above type of salient information. Specifically, this project will determine if people who know that one has been abused recall information about the victim differently from others who are not exposed to this fact. There is evidence to support the phenomenon of selective recall of social information. Studies (e.g., Stephan & Langlois, 1984) have shown that people tend to remember some salient fact about a person and arrange other information around this one fact. Sometimes this organization is along stereotypical lines; e.g., beautifully appearing people do good things. Both theories and experimental support will be discussed that offer a way of understanding this phenomenon. In summary, this study will examine the perceptions of adults exposed to an abused juvenile, and compare them to perceptions of adults exposed to a child who has no indications of abuse. This study will also examine differences in the recognition of information between those exposed to an abuse victim and those exposed to a child who has not been an abuse victim. Perceptions of victims and the ability to recall information may be related, in that perceptions may be mediated by differential

memory. Perceptions of victims are one important component of the context of a victim's life, therefore justifying examination of them.

Abused juveniles demonstrate a number of impairments related to their abuse. The most consistent and general areas of impairment for these victims are in the cognitive, emotional and social domains (Elder & Gregg, 1967). These deficits may develop for a number of reasons that are in addition to the abuse itself. Since some adult victims report they are adversely affected by the service received from health providers, it is possible this is a problem for juvenile victims as well. Because research continues to document the many types of effects related to having been abused, and because perceptions of victims remains an enlightening field of inquiry, adult perceptions of juvenile victims of sexual and physical abuse will be assessed in the present study. Since the context of a victim's life includes many components, and some of these components are additional to the abuse and the impairments noted in victims, comprehensive studies of abuse must be aimed toward all of these components. It has been asserted that perceptions of victims are an important part of this context, and that perceptions may be influenced by one's ability to recall social information. Ten dimensions of behavior will be examined (see Table I). These dimensions reflect the cognitive, emotional and social domains most

Table 1

Dimensions of Behavior Assessed

- 
- 1) Social Interactions
  - 2) Empathic Abilities
  - 3) Self-esteem
  - 4) Cognitive ability
  - 5) Sexual behaviors
  - 6) Aggression
  - 7) Locus of control
  - 8) Attitude toward family relations
  - 9) Coping skills
  - 10) Perception of respondents' behaviors toward stimulus juvenile.
-

frequently reported as problems for abuse victims.

Impairments related to abuse have been widely explored, and many studies have highlighted effects related to the sexual and physical abuse of juveniles (e.g., National Committee for Prevention of Child Abuse, 1985). However, it is important to evaluate studies that report effects of abuse with caution. Most importantly, it is important to realize that no cause-effect relationship can be asserted. Personality factors may be involved in precipitating abuse, or other social factors, for example, socio-economic status, may help account for deficits noted. The problems associated with abuse are serious and diverse. The major cognitive, emotional and social problems will be discussed next.



## CHAPTER II

### REVIEW OF RELATED LITERATURE

#### Effects of Sexual Abuse

Empirical examinations reveal differences between sexually abused victims and comparable (e.g, equated along socio-economic levels) nonvictims on a number of measures. For example, Orr and Downes (1985) administered the Offer Self-Image Questionnaire to 20 young females being evaluated in a sexual abuse clinic as well as to a control group receiving therapy, but reporting no history of abuse. The abused respondents scored in the poorly adjusted range for three scales indicating serious problems regarding sexual attitudes, family relations and ability to master the environment. Sexual victimization significantly influenced sexual attitudes, familial relationships and feelings of control of one's environment. Other problems noted in sexual abuse victims have been reported. Probes into the backgrounds of young prostitutes have revealed high rates of childhood sexual victimization (MacVicar & Dillon, 1980; and Silbert & Pines, 1983). Specific conclusions about the relationship between childhood sexual abuse and prostitution are, however, impossible. The two studies cited did not

control for socio-economic status among subjects, nor were comparison groups used in analyses. Therefore one cannot assert prostitution as an outcome of childhood sexual abuse. Owens (1984) administered the Rorschach to 17 females who were in therapy and had a history of incest and to 17 females in therapy with no history of incest who served as a comparable control group. The incest victims had more interpersonal problems, lowered self esteem and high levels of anger. It is possible that low self-esteem is related to interpersonal problems. Conte (1985) also obtained results indicating low self-esteem among sex abuse victims, supporting this as a serious problem for these victims. Results indicated that victims had high levels of aggression, poor concentration, social withdrawal and frequent somatic complaints. Abused females demonstrated more depression and males more aggression than the nonabused group. Conte (1985) offers no information about the control group used in this study, so it is impossible to know if the control group was comparable along important factors such as socio-economic status.

A wide range of serious problems are reported in sexually abused populations. Gross (1979) uncovered backgrounds of incest in four adolescents hospitalized for hysterical seizures and Brant and Tisza (1976) asserted that many juveniles presenting symptoms of genital injury, irritation and infection while admitted to hospitals may

have been sexually assaulted. He urges health workers to obtain complete histories on children presenting these and other related symptoms. It is possible that sexual abuse may account for dysfunctions that are diverse in symptomology and seem to have no clear or expressed roots. Tsai, Feldman-Summer and Edgar (1979) studied adult females who were in therapy and who had a history of incest. These females, relative to comparable others in therapy with no history of incest, were poorly adjusted on psychosexual measures. Again, available evidence points to sex abuse victims as significantly dysfunctional with regard to their sexuality. For example, subjects with a history of incest reported significant problems in achieving orgasm and significantly less responsiveness to sexual partners despite reporting having engaged in sexual relations with a greater number of partners than those with no history of sexual victimization. Finally, Bowman, Blix and Coons (1983), discuss a connection between some cases of adolescent multiple personality and sexual victimization histories. Dissociation is seen as a defense against psychic pain. Significant deficits exhibited by sex abuse victims include problems in peer relationships, high levels of aggression, low self esteem, depression, suicidal ideation, sexual dysfunctions, self destructive behaviors, somatic complaints, cognitive delays, problems with family relationships as well as other relationships and other

problems. Obviously, juvenile sexual abuse is a serious problem with regard to related impairments. Studies about physically abused juveniles reveal serious problems as well.

### Effects of Physical Abuse

Both young and older juvenile victims of physical abuse demonstrate several areas of impairment. Jacobson and Straker (1982) compared abused and nonabused toddlers on measures of aggression, emotional adjustment and quality of peer group interactions. These toddlers were observed by videotaping their behavior during unstructured social interaction that occurred in a playroom. The abused toddlers were more aggressive, less empathic, more mentally maladjusted and less able to interact positively with peers than nonabused ones (Straker & Jacobson, 1981). These qualities may stem from low self-esteem. Other studies have found victims to possess an external locus of control (Slade, Steward & Morrison, 1984), low self-esteem, antisocial behavior and suicidal ideation (Galambos & Dixon, 1984), negative peer relations (Howes & Espinosa, 1985), cognitive deficits (Barahal, 1981), and lowered self concepts, greater fantasized aggression and an inability to trust others (Kinard, 1980).

Studies have reported differences between physically abused adolescents and their nonabused peers as well. Hjorth and Ostrov (1982) compared 30 abused to 30 nonabused adolescents via the Offer Self-Image Questionnaire (OSIQ).

This instrument provides scores on 11 scales considered important to adolescent life such as emotional tone, family relationships and mastery of the external world. The twelfth scale is stated to measure global self-esteem. The abused group demonstrated problems in areas relating to feelings about family relations, emotional stability, psychopathology, impulse control, coping skills and overall self-image or self-esteem.

It is important to note that many delinquents report histories involving moderate to severe physical abuse (Bolton, 1977; Kratcoski & Kratcoski, 1982; Paperny & Deisher, 1983; Rogers & LeUnes, 1982). Self-destructive behaviors have been noted in these populations (Carroll, Schaffer, Spensely & Abramowitz, 1980; Green, 1978). Depression is common among abused juveniles (Blumberg, 1981) and they are highly represented in juvenile psychiatric wards (Monane, Leichter & Lewis, 1984). Measures indicating an impaired ability to trust and low self-esteem have also been obtained for abused adolescents relative to comparable nonabused adolescents (Green, 1983; Pearce, 1984).

#### Summary: Effects of Abuse

Sexually and physically abused juveniles demonstrate numerous impairments related to their victimization. Since empirical results indicate that the effects of abuse may persist for years, even into adulthood (e.g., Tsai, Feldman-Summers & Edgar, 1979), events occurring after the

traumatizing event may affect the recovery process for victims. In particular, reactions to victims may be anticipated as a potent factor in this process. Reaction to victims are influenced by perceptions of them. Perceptions of victims has been an increasingly important area of study—especially with regard to adult victims. Although considerable information is available about perceptions of various types of adult victims, very little is known about nonvictims' perceptions of juveniles ones. A review of the major studies of perceptions of adult victims may shed light on this issue. Some information has recently been obtained about perceptions of juvenile victims and this will also be discussed.

### Perceptions of Victims

The social psychological literature has provided both a theoretical framework for understanding negative perceptions of victims (e.g., Lerner & Miller, 1978), and empirical examinations to test them (e.g., Walster, 1964). First, the theoretical, then the empirical works will be discussed.

Theoretical Basis for Denigrating Victims. Lerner and Miller (1978) have provided a theoretical framework for understanding why people devalue victims. Their theory developed as evidence mounted supporting the fact that people tend to blame the victims of misfortune for their own circumstances (e.g., Goffman, 1963, in Lerner & Miller, 1978). Their hypothesis is that the "just world" theory

accounts for negative reactions to victims. This theory asserts that people have a strong need to believe in a fair and just world. This belief, simply stated, is that people deserve what they get and they get what they deserve; bad things don't happen to good people. In essence, people need to reinforce their feelings of invulnerability, and this often is accomplished by faulting victims for their own plight.

An example of faulting victims for their own plight is discussed by Myrdal (1944; as cited in Lerner & Miller, 1978; Ryan, 1971; and Lerner & Miller, 1978) who reported that people tended to justify the treatment of disadvantaged segments of society by stating that the people involved deserved their fates. The alternative is to believe there are random events over which people have no control. Since this possibility is threatening to many people because it suggests one could become a victim at any time, there is some psychological safety in assigning blame to the victim. One can feel "safer" believing one can prevent traumas to oneself.

Frieze (1986) discusses some of the negative reactions to female victims of violence (e.g., rape). Some people seem to blame the victim and indicate that she, somehow, must have caused or was responsible for her victimization; e.g., she may have worn provocative clothing. These negative perceptions of victims are explained along the

lines of the just world theory.

Empirical Support for Theory: Blaming Adult Victims.

A variety of types of psychological factors seem to affect nonvictims' perceptions of victims. For example, the severity of the consequences of the victimizing event has been found to affect perceptions of victims. Walster (1964) varied the consequences, from mild to severe, of an auto accident. Subjects listened to tapes describing a young man who had taken reasonable precautions with regard to automobile safety and maintenance, but who had suffered an accident. Respondents were asked to rate the driver's responsibility for the accident. Results indicated people assigned the most responsibility to the victim when the consequences were most severe. Perhaps these extreme outcomes suggested the most threatening possibilities to nonvictims.

Since the present study will assess differences in ratings between sexual and physical abuse victims, if differences are obtained, they may be interpreted in relation to the above study. For example, if the sexual abuse victims are rated more negatively than the physical abuse victims, one might postulate that sexual abuse is considered more severe and serious than physical abuse.

Jones and Aronson (1973) tested their hypothesis that perceived social status of a victim would affect responses by nonvictims. Specifically, they hypothesized that a



socially respected person would be considered more at fault for her own rape than would a less respected person. Conditions were varied so that respondents were presented with written accounts of one of three types of rape victims; a married female, a virgin and a divorcee. Married and virgin victims were judged as more at fault for their rape than divorcees; i.e., results supported the hypothesis. When people see trauma occur to even "respectable" people, they appear to feel a greater need to denigrate them to preserve their belief in a just world.

Jackson and Ferguson (1983) used the four-factor Attribution of Rape Blame Scale (ARBS) developed by Ward (in Jackson & Ferguson, 1983) to assess attributions of blame in incest cases. The four factors in this scale are: victim, offender, societal and situational blame. The word "incest" was substituted for "rape" in each of the 20 items on the questionnaire administered to subjects. Results demonstrated that attribution of blame in incest is multidimensional in that respondents considered the roles of the above four factors in responding to items. Further, responses were linked to subject characteristics. While most blame was attributed to the offender, then to societal and situational factors, and the least blame assigned to victims, males tended to blame the victim significantly more often than did females. Specifically, results of factor score means for each of the four factors produced the

following results:

TOTAL AVERAGES: (mean scores represent respondents' ratings attributing blame for incest to each of the four groups presented to respondents.)

Offender: Mean scores: 21.90  
(Males: 21.68; Females: 13.19)

Societal: Mean scores: 16.64  
(Males: 16.39; Females: 19.07)

Situational: Mean scores: 14.94  
(Males: 15.15; Females: 19.52)

Victim: Mean scores: 11.02  
(Males: 11.79; Females: 10.28)

When a t-test was conducted on the mean factor scores for attribution of blame to victims comparing male and female responses, a significant gender difference was obtained. Males blamed victims significantly more than did females for the victimization. Mean ratings of blame show that males tend to assign blame to people (offenders and victims), while females tend to blame factors external to people; i.e., societal and situational factors for incest as assessed in this study. Although not statistically significant, it is interesting to note that the five respondents who indicated they had been sexually abused attributed more blame to societal values than did those who had not reported histories of sexual abuse. It is important to remember that the number of persons reporting histories

of sexual abuse was very small (n=five). Because of this small number, the link between the subject's abuse status and attribution of blame should be examined with a larger sample. Results from the study suggest that victims are blamed for their victimization, and that gender differences exist when blame is assigned. There is a weak suggestion that one's history of victimization also influences ratings of other victims.

Empirical Support for Theory: Blaming Juvenile Victims. Recent research suggests that blaming victims can occur even when the victim is a juvenile, and that subject characteristics are linked to reactions to these victims. As with perceptions of adult victims, the gender of the respondent and the status of the victims (e.g., age of the victim) have been found to affect responses to juvenile victims. Waterman and Foss-Goodman (1984) examined variables relating to the attribution of fault to child molestation victims, offenders and nonparticipating parents. A 2X2X3X3 design tested the relationship among the subject's sex, victim's sex, victim's age (7, 11, 15) and victim-offender relationship (parent, acquaintance, stranger). After reading a fictional story in which the stimulus child was molested, subjects completed several questionnaires. Respondents assigned blame on an 11-point scale to victims, offenders and, when the offender was a parent, the nonparticipating parent. Another questionnaire queried

subjects' reasons for their ratings of blame; these were categorized and interrater agreement was 95% when two independent judges rated these reasons. Finally, subjects were asked to state whether or not they had been molested in childhood, and, if so, to state their age at that time as well as to note the molester's relationship to them. Results revealed that older victims (the 15-year-olds) were blamed for their victimization more than younger victims (7 and 11-year-olds). Male respondents blamed 15-year-old victims more than did female subjects and males assigned more blame to male victims than to female ones. A significant three-way interaction was obtained for subject's sex, victim's sex and victim's age. Simple two-way interactions were analyzed at each level of the third factor, and simple, simple main effects were analyzed for each factor at all combinations of the other two factors. The only simple, simple main effect for subject's sex that was significant was for 15 year-old male victims. Male subjects attributed significantly more fault to 15-year-old male victims than did females. Victims were blamed less when the offender was a parent versus an acquaintance or stranger. While the majority of the subjects did not assign fault to the victim, over 38% of the sample did so. Of those who did assign blame to the victim, the most frequently cited reason was that the child "should have resisted." Despite the fact that most subjects assigning

blame did so for the oldest victims, it is important to note that even 7-year-olds were sometimes blamed for not resisting their abuse. Finally, subjects who reported having been molested attributed less fault to the victim than subjects who reported no abuse. This study highlights the fact that respondents' gender, history of victimization and age of victim influence ratings of victims.

### Summary: Perceptions of Victims

Studies have been discussed that highlight the fact that both adult and juvenile victims are often blamed for their victimization. Results suggest that responses to victims are related to respondent characteristics. Gender appears to be linked to ratings of victims, and victimization status (history versus no history of victimization) seems to be related to ratings, but this relationship requires further examination as it is weak. Victim characteristics, such as age of victim, also appear to influence reactions to victims. The just world theory has been offered as a way of understanding negative perceptions of victims. Respondents' perceptions may be influenced by their ability to recall social information. Memory may mediate perceptions. Following is a discussion of this mediator—memory.

### Memory and Recall of Information

One aim of this study is to assess the accuracy of the recall of information presented to respondents across two

abused groups and one non-abused one. As stated above, memory may mediate perceptions. The processes by which social memory functions have been studied by social cognitive researchers in an attempt to explain how people recall social information. It appears possible that information may be processed in ways that contribute to biases in perception. These biases may result in negative perceptions of victims. Several of these theories will be briefly discussed, and empirical works generated to test these theories will follow.

Theories of Social Memory. Tourangeau (in T.B. Jabien, et al. (eds.) 1984) has discussed how presented facts may be stored and recalled. This model of how one recalls information and makes judgments when they are required is called the "top-down" approach. According to this model of cognitive operations, one understands material by imposing a pre-existing organization on it. Relevant information is identified, then the balance of the material is fit into the structure that pre-exists.

Ostrom, Pryor and Simpson (1981) describe a model similar to Tourangeau's that is derived from Asch's (1946, in Ostrom, Pryor & Simpson) work on the organization of person impressions. Here, the premise is that bits of information about a person form a perceptual unit. A "gestalt" results that influences the interpretation of each element by making each one consistent with the overall theme

of the impression. First impressions, in this theory, are organized into a thematically consistent whole. One possible organizing theme is "trait centrality." Because some traits are viewed as especially salient, they dominate one's organization of information. Among those traits found to be salient, person features that are deviant within a culture may provide an organizing function for peoples' perceptions. In short, a person identifies a salient fact about another and organizes additional information so as to form a person gestalt around the salient feature. Knowing that another has been abused may be salient and fit within the above-discussed organizing theme of trait centrality; when one knows about another's abuse (a salient, organizing factor), further information may be arranged around this one salient fact.

Another way of understanding how people organize and retrieve social information is provided by Taylor and Crocker (1981). Schemes develop as people seek information from the environment. Since the environment contains much information, and because no one can attend to all of it, details are selectively chosen. According to this model, the information attended to is related to one's hypotheses about how the world operates. Hypotheses provide direction and structure to one's exposure to information and provide a basis for the use of information. Hypothesis-driven processing, is, therefore, guided by expectations and

perceptions about the world. Schemes are seen as time-savers when processing information and making judgments. Using schemes allows the perceiver to identify stimuli quickly, "chunk" a unit, fill in information missing from available stimuli and respond from these schemes. Schemes provide a way of structuring and ordering information, and are structured so as to facilitate recall.

Hamilton (1981) elaborates on the use of schemes with regard to understanding how people cognitively represent others and how these representations develop. It is asserted that as one learns more information about another, some of the information will be encoded, and some will not. Incoming information is processed according to relevant schemes, and this, in turn, influences what will be retained.

Each of the social cognition theories discussed above are similar. In each, selectivity is occurring because some information is received (i.e., attended to), some is encoded, and some is retrieved. The question naturally arises: Why is it that victims are negatively perceived when memories of the victim and/or the event are recalled? The theories above attempt to answer this question. Memory must serve as a mediating factor between information supplied and the resulting perceptions. Empirical works have shed some light on this issue of social memory.

Empirical Support for Social Memory Theory. An



especially relevant type of study for understanding how people organize and retrieve information is offered by works about stereotypical thinking and behaving. One type of study examining stereotypical perceptions involves people's perceptions about those considered attractive. In general, people tend to perceive attractive or beautiful people more positively than less attractive ones. Stephan and Langloise (1984) supported this assertion with a study that assessed respondents' ratings of 9 month-old infants. Thirty undergraduates who were ethnically different—one-third were Black, one-third Caucasian and one-third Mexican-American—rated facial color photographs of equal numbers of Caucasian, Black and Mexican-American babies on reliable attractiveness scales. Respondents also rated these babies on measures of: "Good baby," "Smart-likable," "Causes problems" and "Active baby." Physical attractiveness was significantly related to positive behavioral ratings; babies rated as attractive were also significantly rated as more positive along the behavioral dimensions.

Stereotypical thinking generalizes to areas other than those involving attractiveness, and this is important to point out because of the relevance to this study. Specifically, it is hypothesized that if stereotypical behaving occurs in a wide range of situations, it may generalize to perceptions of abuse victims. In another study, Gurwitz and Dodge (1977) assessed impressions of

respondents about a member of a stereotyped group—a member of a sorority. Respondents received a packet containing information about three friends of a target person. Then, respondents were asked to provide impressions of the target person. Stereotypic attributions (the sorority member was rated as a social climber, group-oriented and clothes-conscious) were provided by just mentioning membership in the stereotyped group.

Finally, in a study looking at traits as conceptual schemes for organizing and recalling information, Cantor and Mischel (1977) exposed 76 respondents to material describing four fictional persons who differed as to prototype or trait attribution (an extravert, an introvert, and nonextravert and nonintrovert control). Slides were shown to each respondent; each had some auditory comments; e.g., Jane is conscientious. Four persons were described visually (by slides) and auditorily. After exposure to the slides, respondents were asked to complete a recognition memory test and a trait-rating one. The recognition test had two pages of 62 randomly-ordered items. Respondents were asked to rate the items on a 4-point scale as to degree of confidence that the item was/was not in the information presented. The trait-rating book asked respondents to rate characters on a 4-point (high to no information) scale on a set of six traits.

Results support the idea that salient traits function

as prototypes which influence the organization of information and its recall. Memory mediates between stimuli and perceptions. Clear memory biases were found in that respondents expressed greater confidence that they had seen nonpresented but conceptually related material as opposed to nonpresented and unrelated material. For example, one character may have been shown to be smiling and active. Under this condition, respondents were more likely to infer that she was an extravert, even when this information was not explicitly given. Smiling people may elicit stereotypical perceptions.

Summary: Social Memory Recall as the Perceptions Mediator

The above studies support the theories (e.g., Taylor & Crocker, 1981) that attempt to explain how social information is stored and recalled. Stereotypical beliefs exist; when one knows something salient or important about another, information is organized around the schemes one has developed for this salient fact. Also some traits are seen as organizing factors; salient characteristics can be considered as organizing factors, resulting in perceptual units, around which information is stored and perceptions formed, even if no confirming information is present.

Because abuse is considered a salient characteristic, it is expected that the current study will further our understanding of social memory as a mediator of perceptions by assessing how this salient characteristic influences

perceptions of an abused juvenile.

### Rationale for Current Study

Research supports the fact that juvenile victims of abuse demonstrate a number of cognitive, emotional and social deficits. It has been asserted that the effects of abuse are not limited to the abuse itself. Understanding juvenile abuse victims requires identifying factors involved in the larger context in which abuse occurs. One component of this larger context includes nonvictims' perceptions of victims. Since adult victims are perceived negatively, the same may be true for juvenile victims.

Adult victims are often blamed for their victimization (e.g., Jackson & Ferguson, 1983). There is evidence that juvenile victims are blamed for their abuse (e.g., Waterman, Goss-Goodman, 1984). Perceptions of victims are influenced to some degree by respondents' gender and history of victimization. Perceptions are also mediated and affected by social memory recall and by belief systems; e.g., the belief in a just world, and these perceptions may be negative as is suggested by the literature. However, very little is actually known about how adults perceive juvenile abuse victims, especially along behavioral dimensions.

We know that people attend to, process (encode) and retrieve information in different ways. Some may identify a salient fact and organize other information around this fact. Some may make behavioral attributions according to

qualities associated with certain traits. Perceptions therefore, may, at least in part, arise from unconfirmed information. When examining the larger context in which abuse occurs for the juvenile victims, examining perceptions may be important because they are a significant part of this larger context. Both perceptions and social memory recall are related and are important components of abuse.

The present study will assess perceptions of juvenile sexual and physical abuse victims, as well as how adults believe they would behave toward these children. It is expected that this information will add to our knowledge about juvenile abuse and perceptions of victims. If perceptions of child victims are negative, this may point to a need for consideration when planning intervention strategies or designing training programs for health care workers and others. Alternatively, if perceptions of child victims tend to be more positive than are those of adult victims as generally reported in the literature, further examination of this discrepancy may be useful. Also, the ability to accurately recognize presented information will be assessed, as will the quality (positive or negative) of perceptions.

Hypotheses. There is evidence suggesting that people tend to denigrate and/or blame both adult and juvenile victims for their victimization. It is expected that adults will rate sexually and physically abused juveniles more

negatively than the non-abused juveniles. Further, it is anticipated that differences in ratings will be obtained between the sexually and the physically abused juveniles on some dimensions, with the physically abused juvenile rated as more aggressive than the sexually abused juveniles (as supported by studies that show that physically abused victims are more aggressive than non-physically abused ones). Also, it is expected that the sexually abused juvenile will be rated as more sexually maladjusted than the physically abused child, as suggested by the literature discussed above.

Also, the expectation is that respondent characteristics will be linked to ratings of juveniles, as suggested by Waterman and Foss-Goodman (1984). It is specifically hypothesized that the gender of respondents will influence ratings: males will rate victims more negatively than will females. This hypothesis derives from work discussed above, most specifically the work of Jackson and Ferguson (1983). In this study, results confirmed a significant main effect for gender; males tended to blame victims of incest more than did females. Waterman Foss-Goodman (1984) also obtained a significant gender effect with regard to ratings of victims.

Walster's (1964) study demonstrated that people were blamed most when consequences were most severe. Therefore, it is hypothesized that sexual abuse will be perceived more

severely than will physical abuse or living with an alcoholic parent. However, gender is expected to impact these ratings such that males will rate sexual abuse victims more negatively than will females, but will be similar to females in their ratings of the physical abuse victim and the non-victim.

Another respondent characteristic expected to influence ratings of victims is the respondents' history of victimization. It is anticipated that respondents who indicate they perceive themselves as victims will rate the juvenile significantly less negatively than those respondents who indicate not having perceived themselves as victims. However, it is possible that respondents indicating a history of abuse will rate victims more negatively than respondents with no history. Tsai, Feldman-Summers and Edgar (1979) note that people with a history of abuse victimization tend to rate victims either more positively or more negatively than those with no such history. The Jackson and Ferguson (1983) study showed a weak association (non-significant) between history of victimization and ratings of victims. Because of the small sample size, however, ( $n=5$ ), and the suggestion of a link as above, additional examination of this issue is warranted.

The five respondents indicating a history of sexual abuse in the Jackson and Ferguson (1983) study did not assign blame to the sexual abuse victim. (Instead, societal

values were blamed.) Because of this suggestion of a relationship between respondents' history of victimization and their exposure to sexual abuse victims, a victimization by type of narrative interaction is predicted. Therefore, it is expected that respondents indicating a history of victimization will rate sexual abuse victims less negatively than will respondents indicating no victimization history, but that there will be no difference in ratings of physical abuse victims and non-victims.

Finally, it is anticipated that respondents exposed to a sexually or physically abused victim will recognize information less accurately than will respondents exposed to the child of an alcoholic parent. This prediction derives from the social cognition literature discussed above. Ostrom, Pryor and Simpson's (1981) model about "trait centrality" is especially relevant. Some traits are seen as more salient than others and information is organized around salient features. Because abuse is asserted as a salient characteristic, it should influence the recognition ability for items that were not in the narrative and congruent with stereotypes of abuse victims for those respondents exposed to the two abuse conditions. No further predictions were suggested by the literature.



## CHAPTER III

### METHOD

#### Design

This study examined adult ratings of juvenile victims of sexual and physical abuse as well as the relationship between respondent characteristics and ratings of victims. Also examined were the respondents' ability to recognize information presented. A 2 (Sex of Respondents) X 2 (Victimization History) X 3 (Group Membership) fixed model design was employed. The independent variables were respondents': gender, history of victimization and stimulus type (i.e., group membership). The dependent variables were ten dimensions rated by respondents. These dimensions were: social interactions; empathetic abilities; self-esteem; cognitive ability; sexual behaviors; aggression; locus of control; attitude toward family relations; coping skills; and perception of respondents' behaviors toward stimulus juvenile.

Each of the ten dimensions represents areas of impairment noted across literatures as serious and common problems for juvenile abuse victims. Respondents' ratings of items #09, 19 and 29, for example, provided the measures

for the dimension: attitude toward family relations. Similarly, there were three measures or items for each dimension, and the ratings for these three measures or items were the dependent variables used for analysis in examining the ten dimensions across groups. All subjects received the same 30-item questionnaire; the narrative preceding it differed across groups as discussed under "Subject Stimulus: Narrative."

A 2 (Sex of Respondent) X 2 (Victimization History) X 3 (Group Membership) fixed model design tested group differences for the ability to recognize social information. The dependent variables were each subject's average rating on each of four types of recognition item from the recognition test. The types were:

- 1) In narrative and congruent with stereotype
- 2) In narrative and neutral
- 3) Not in narrative and congruent with stereotype
- 4) Not in narrative and neutral

All subjects received the same recognition test; the ordering of items were different across groups as discussed later.

The two levels of respondent sex are: male and female. The two levels of respondents' victimization history are: yes and no. The three levels of group membership are based on the stimulus presented, and are: Group I: Sexually

Abused; Group II: Physically Abused; and Group III: No Abuse.

### Subjects

One hundred twenty respondents were recruited from the undergraduate Psychology 101 courses at Loyola University of Chicago. As one way of receiving extra credit, students in this course are given the opportunity to receive credit for participating in research projects as subjects. To assure a random distribution across studies being conducted in the department, each project requiring subjects is assigned a number (e.g., 10) and no description of the study is provided. Respondents indicate their willingness to participate in a study by entering their names on a "sign-up" sheet wherein the study number (e.g., 10) is indicated, as well as the date, time and place for participation.

Respondents in the current study were randomly assigned to one of three experimental groups. Before participating in the current project, each respondent was asked to read and sign an Informed Consent (see Appendix A). (See Table 2 for a breakdown by independent variables of the total number of subjects in each cell).

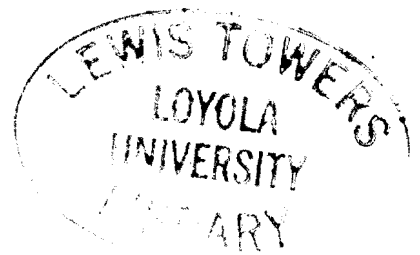
### Subject Stimulus: Narrative

The narratives were usual and ordinary for a camp that keeps general records, and simply discusses behaviors,

Table 2

Total Number of Respondents Rating Self-Esteem, Attitude  
Toward Family Relations and Sexual Behaviors by Group, Sex  
and History of Victimization

	GROUPS		
	SEX ABUSE	PHYSICAL ABUSE	ALCOHOLIC ABUSE
TOTAL (N=121)	40	40	41
-----			
FEMALES	29	27	28
MALES	11	13	13
-----			
HISTORY OF VICTIMIZATION	28	27	29
NO HISTORY OF VICTIMIZATION	12	13	12



accomplishments, issues, etc., for the children who generally attend camp year after year at this site. Respondents were asked to pretend that they were camp counselors who had just received files; the narrative was one sheet from a file about one juvenile camper. The narrative was basically a log for recording information about the camper in which important behaviors and any special incidents (e.g., problems) were documented as a legal safeguard. Positive as well as negative behaviors were described and intermingled in the narratives (see Appendix B). For example, the female in the narrative (Amy) was described as having demonstrated pride because she completed her arts and crafts project. It was also noted that Amy was missing from her lodge one evening and later found outside the boys' lodge talking with a male camper. A variety of types of information were presented in the narratives. After Amy was described as having demonstrated emotional distress, it was noted that the camp nurse sent for Amy's health records. Following this statement in the narrative, the stimulus condition, varying across groups as follows, was stated:

- |            |  |
|------------|--|
| Group I:   | "It was noted Amy had been sexually abused by her father."   |
| Group II:  | "It was noted Amy had been physically abused by her father." |
| Group III: | "It was noted Amy had been upset                             |

because her father had been away  
for a period of time while  
hospitalized for treatment of  
alcoholism."

The control condition was designed as above to minimize differences across the groups. It was expected that presenting Amy as a member of a troubled family in all three conditions (groups) reduced the risk of obtaining results attributable to factors irrelevant to this study. Any differences obtained across groups were more safely attributed to the experimental manipulation. (The narratives were identical except for the above experimental condition.)

### Instruments

Perceptions of Victims' Questionnaire. Many impairments have been discussed as having been demonstrated by juvenile abuse victims. The Perceptions of Victims' Questionnaire was generated from results of these studies which highlight some major sources of distress for abuse victims. The general areas of impairment for juvenile abuse victims are in the cognitive, emotional and social areas. Ten dimensions of behavior were chosen for analysis; nine of them were taken directly from research describing problems for juvenile abuse victims, and one dimension explored the respondents' perceptions of how they believed they would behave toward the stimulus juvenile. Abused juveniles have

been shown to demonstrate impairments in the areas of: self-esteem, aggression, empathy, cognitive ability, locus of control, sexual behaviors, attitude toward family relations, coping skills, and social interactions. The tenth dimension assessed was the respondents' perceptions of their behavior toward the juvenile in the narrative. These cognitive, emotional and social areas were consistently cited as problems for abuse victims. (See Table 1 for the ten dimensions chosen in the current study.)

Respondents were presented with a total of 30 items. There were three items for each of the ten dimensions. Respondents rated the juvenile on each item using a 7-point scale. (See Appendix C for Perceptions of Victims' Questionnaire.) The statements were counterbalanced in two ways:

- 1) items comprising dimensions: The order of items representing dimensions were counterbalanced so that no two items sequentially represented the same dimension (for example, an item for self-esteem was followed by one for aggression; the item was not followed by another self-esteem measure); and

- 2) positive versus negative: One statement required rating of "1" to indicate a positive rating, and the next statement required a rating of "7" to indicate a positive rating; following this, an item rated "1" was negatively rated, and so on.

Respondent Characteristics' Questionnaire. Respondents were asked to identify themselves as either female or male. They were also asked if they ever felt they were victims. (See Appendix D for Respondent Characteristics' Questionnaire.) Type of victimization and other information probing this issue were not queried with respondents. It was anticipated that further probing would have been problematic. Respondents may not have wanted to disclose this information, or they may have been likely to either not respond to this question or to respond falsely. A number of researchers studying the effects of both physical and sexual abuse have detailed the difficulty they experienced in trying to obtain this kind of information. It was decided to circumvent these potential issues by asking one general question in this study.

Recognition Test. Thirteen statements were presented to respondents for rating as true or false. Most statements were taken directly from the stimulus narrative. However, some additional statements were added that were not provided in the narrative. (See Appendix E for Recognition Test.)

There were four types of items on this test as noted above:

- . taken from narrative and congruent with stereotypical perceptions of abuse victims
- . taken from narrative and neutral
- . not taken (added) from narrative and congruent
- . not taken from narrative and neutral



Because each of the stimulus conditions described a juvenile who, in some way, came from a troubled family, and since this study was designed to assess adult perceptions of the stimulus juvenile and social memory recognition, additional statements were provided for rating by respondents. It is important to understand how (and if) memory is influenced by stereotypical thinking and perceptions. It was expected that assessing respondents' ability to recognize facts presented would enhance the value of the current study. A coin was flipped to decide if the first item would be true or false, and subsequent items on this questionnaire were counterbalanced so that true and false statements were rotated.

### Procedure

Respondents were first asked to sign an Informed Consent (see Appendix A). Next, respondents were given their directions for participation in the current project (see Appendix F for Respondent Directions). These directions asked respondents to pretend they were camp counselors who just received files on incoming campers. The respondents were told that they were about to read a file for one of the incoming campers. They were to read a page from this file, then answer several questionnaires. A sample guide was provided for rating the questionnaires. Respondents were instructed to continually go forward to a new page; they were not to turn back to a previous page.

This page of directions was identical across groups and respondents.

First, respondents read a narrative of a nine-year-old female camper named Amy (see Appendix B for narrative). Narratives were identical across groups except for the stimulus condition—one sentence—which varied across groups as discussed above under "Subject Stimulus: Narrative." Next, respondents were asked to complete the Perceptions of Victims' Questionnaire (see Appendix C). This Perceptions Questionnaire was identical across groups and respondents. Following this, respondents were asked to complete the Respondent Characteristics' Questionnaire (see Appendix D). Next, respondents were asked to complete the Recognition Test (see Appendix E). This 13-item questionnaire was identical across groups with regard to items, but differed in the ordering of the items. Since true and false items were rotated; i.e., a "true" item was followed by a "false" one, and because there were three stimulus conditions, the ordering of items was different across groups. This difference in ordering was necessary to maintain the "true-then-false" sequence of items. However, the differences in ordering of items may have introduced a bias as subjects received the more sensitive or relevant items at different times in the sequence. Finally, upon completion of the above questionnaires, and upon turning these in to the experimenter, the respondents were given a debriefing

statement (see Appendix G for Debriefing Statement).

Pilot studies conducted earlier indicated that the average time necessary for a respondent to complete participation in the current project was less than 20 minutes.

## CHAPTER IV

### RESULTS

Cronbach's Alpha Reliability Coefficients tested overall, internal consistency across the 30 items of the Perceptions of Victims' Questionnaire ( $r=.7745$ ). Next, reliability coefficients were obtained for each of the ten dimensions (three items in each dimension) of the Questionnaire (See Table 3 for reliability coefficients for each of the ten dimensions). Three dimensions were further analyzed in the current study because their reliability coefficients equaled or exceeded that of the overall coefficient ( $r=.7745$ ). These three dimensions were: self-esteem ( $r=.8376$ ); sexual behaviors ( $r=.8029$ ); and attitude toward family relations ( $r=.8371$ ).

#### Manipulation Checks

Over 90% of the respondents in each group correctly identified the stimulus condition each was exposed to in the narrative. With one exception, over 80% of the respondents were able to distinguish among stimulus conditions presented. For example, over 90% of the respondents exposed to the alcoholic parent stimulus condition noted correctly that the juvenile had not been sexually or physically abused. However, while 98% of those

Table 3

Reliability for 10 Dimensions Assessed

DIMENSIONS	ITEMS COMPRISING DIMENSIONS	ALPHA COEFFICIENT
<hr/>		
Overall, internal		
Reliability	1-30	.7745
Self Esteem	3,13,23	.8376*
Sexual Behaviors	6,16,26	.8029*
Attitude Toward		
Family Relations	9,19,29	.8371*
Social Interactions	1,11,21	.5990
Empathy	2,12,22	.5089
Cognitive Ability	4,14,24	.4662
Aggression	7,17,27	.6691
Locus of Control	8,18,28	.5597
Coping Skills	10,20,30	.1149
Perceptions of one's		
own behavior toward		
juvenile	5,15,25	.6052

\*Dimensions with greater than .7745 Reliability (overall, internal coefficient) and, therefore, acceptable for further analyses.

---

respondents exposed to the sexual abuse condition accurately noted this condition, 63% also said the juvenile had been physically abused. (See Table 4 for results of the manipulation check from the Recognition Test.)

ANOVAs tested hypotheses about differences in ratings for self-esteem, attitude toward family relations and sexual behaviors between abused and non-abused juveniles, as well as between the sexually and the physically abused juveniles as a function of respondents' exposure to stimulus condition. (See Table 5 for mean ratings and standard deviations as a function of stimulus condition, and Tables 6, 7 and 8 for ANOVA summary tables.) Predictions about links between respondent characteristics and ratings of the victims and nonvictim were not supported by these data. No significant interactions or main effects were obtained. (See Table 9 for mean ratings and standard deviations as a function of gender, and Table 10 for mean ratings and standard deviations as a function of history of victimization.)

ANOVAs tested for differences in mean number of correct responses to four types of Recognition Test items as a function of exposure to stimulus condition. A significant main effect was obtained for the items not in the narrative and congruent with the stereotype of abuse victims. One-way post hoc analyses confirmed that responses to the physical abuse and the alcoholic parent conditions were significantly

Table 4

Percentage of Respondents Indicating Type of Abuse


---

Stimulus Condition Exposed to Respondents	<u>Response Indicating Presence of:</u>		
	Sexual	Physical	Alcoholic
	Abuse	Abuse	Parent
Sexual Abuse	98%	63%	7%
Physical Abuse	17%	95%	12%
Alcoholic Parent	7%	2%	93%

---

Table 5

Means and Standard Deviations for Respondents' Ratings of  
Dimensions from Perceptions of Victims' Questionnaire by  
Group

<u>Dimension</u>	<u>GROUPS</u>		
	<u>SEX ABUSE</u>	<u>PHYSICAL ABUSE</u>	<u>ALCOHOLIC PARENT</u>
Self-Esteem	2.396 (1.079)	2.460 (.874)	2.405 (.711)
Attitude Toward Family Relations	2.768 (.968)	2.418 (1.035)	2.568 (1.009)
Sexual Behavior	3.752 (1.314)	3.817 (1.184)	4.251 (1.532)



Table 6

Analysis of Variance Summary Table: Self-Esteem Ratings from  
Perceptions of Victims' Questionnaire by Group, Sex and  
History

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
MAIN EFFECTS					
Group	.347	2	.174	.018	ns
Sex	.800	1	.800	.081	ns
Hist	4.041	1	4.041	.411	ns
2-WAY INTERACTIONS					
Group/Sex	2.240	2	1.120	.114	ns
Group/Hist	.885	2	.443	.045	ns
Sex/Hist	7.968	1	7.968	.809	ns
3-WAY INTERACTIONS					
Group/Sex/ Hist	6.202	2	3.101	.315	ns
Explained	21.524	11	1.957	.199	ns
Residual	1063.143	108	9.844		
Total	1084.667	119	9.115		

\*p=0.05

\*\*p=0.01

Table 7

Analysis of Variance Summary Table For: Attitude Toward  
Family Relations Ratings from Perception of Victims'  
Questionnaire by Group, Sex and History

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
MAIN EFFECTS					
Group	21.485	2	10.743	1.008	ns
Sex	26.473	1	26.473	2.485	ns
Hist	15.836	1	15.836	1.487	ns
2-WAY INTERACTIONS					
Group/Sex	7.902	2	3.951	.371	ns
Group/Hist	7.567	2	3.784	.355	ns
Sex/Hist	1.636	1	1.636	.154	ns
3-WAY INTERACTIONS					
Group/Sex/ Hist	18.574	2	9.287	.872	ns
Explained	101.602	11	9.237	.867	ns
Residual	1161.092	109	10.652		
Total	1262.694	120	10.522		

\*p=0.05

\*\*p=0.01

Table 8

Analysis of Variance Summary for: Sexual Behavior Ratings  
from Perceptions of Victims' Questionnaire by Group, Sex and  
History

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
MAIN EFFECTS					
Group	44.657	2	22.328	1.447	ns
Sex	.004	1	.004	.000	ns
Hist	14.323	1	14.323	.928	ns
2-WAY INTERACTIONS					
Group/Sex	40.190	2	20.095	1.302	ns
Group/Hist	14.278	2	7.139	.463	ns
Sex/Hist	17.412	1	17.412	1.128	ns
3-WAY INTERACTIONS					
Group/Sex/ Hist	49.761	2	24.880	1.612	ns
Explained	182.126	11	16.557	1.073	ns
Residual	1681.874	109	15.430		
Total	1864.000	120	15.533		

\*p=0.05

\*\*p=0.01

Table 9

Means and Standard Deviations for Respondents' Ratings of  
Dimensions from Perceptions of Victims' Questionnaire by  
Gender

---

<u>GENDER OF RESPONDENTS</u>		
<u>DIMENSION</u>	<u>Females</u>	<u>Males</u>
Self-Esteem	2.43	2.49
	(.868)	(.869)
Attitude	2.72	2.37
Toward	(.946)	(1.071)
Family		
Relations		
Sexual	3.96	3.97
Behavior	(1.412)	(1.413)

---

Table 10

Means and Standard Deviations for Respondents' Ratings of  
Dimensions from Perceptions of Victims' Questionnaire by  
History of Victimization

---

<u>HISTORY STATUS OF RESPONDENTS</u>		
<u>DIMENSION</u>	<u>History</u>	<u>No History</u>
Self-Esteem	2.48 (.868)	2.35 (1.068)
Attitude Toward Family Relations	2.69 (1.017)	2.43 (1.044)
Sexual Behavior	3.89 (1.398)	4.13 (1.466)

---

different from responses to the sexual abuse condition;  $F(2,1)=6.423$ ,  $p=.002$  (see Figure 1 for this main effect and Table 11 for the ANOVA summary table). Respondents exposed to the sex abuse stimulus condition recognized information from the narrative less accurately than did respondents exposed to the physical abuse and alcoholic parent conditions.

A significant Group x History of Victimization interaction (see Figure 2) was obtained for items that were not in the narrative and neutral from the Recognition Test,  $F(2,1)=3.300$ ,  $p=.041$ . (See Table 12 for ANOVA summary table). Respondents' recognition of information as a function of history of victimization appears to be influenced by the stimulus condition to which the respondent is exposed. Respondents reporting a history of victimization and exposed to the sex abuse condition had less accurate recognition ability than those respondents with such a history exposed to the alcoholic condition and, to a somewhat lesser degree, the physical abuse condition. Further, respondents with no history of victimization and exposed to the sex abuse condition demonstrated accurate recognition ability. (See Tables 13 and 14 for ANOVA summary tables.)

Figure 1

Mean scores of correct responses to not in narrative and congruent with stereotype items of Recognition Test as a Function of Group

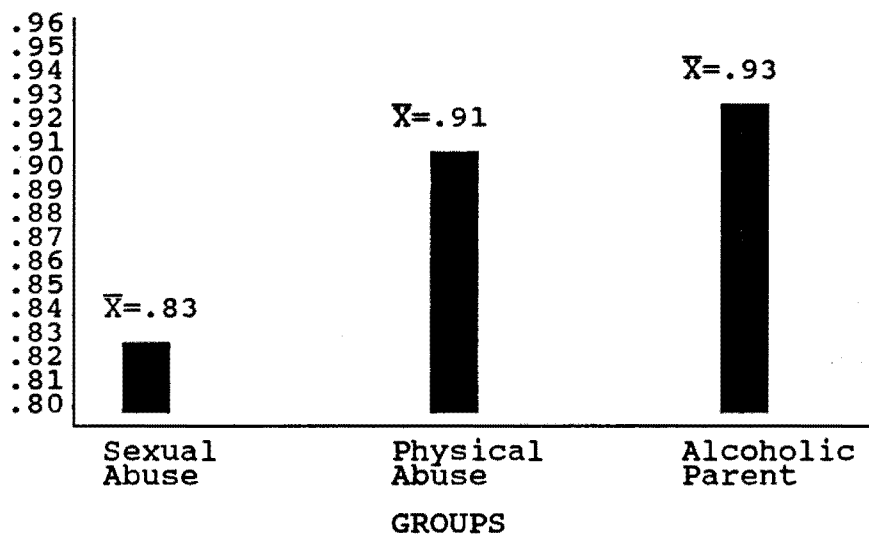


Table 11

Analysis of Variance Summary Table for: not in narrative and  
congruent with stereotype items from Recognition Test by  
Group, Sex and History

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
MAIN EFFECTS					
Group	.215	2	.108	6.423	.002**
Sex	.007	1	.007	.424	ns
Hist	.009	1	.009	.541	ns
2-WAY INTERACTIONS					
Group/Sex	.015	2	.008	.452	ns
Group/Hist	.006	1	.003	.170	ns
Sex/Hist	.011	1	.011	.630	ns
3-WAY INTERACTIONS					
Group/Sex/ Hist	.005	2	.003	.161	ns
Explained	.270	11	.025	1.467	ns
Residual	1.825	109	.017		
Total	2.095	120	.017		

---

\*p=0.05

\*\*p=0.01



Figure 2

Mean scores of correct responses to items in narrative and neutral from Recognition Test as a function of Group and History of Victimization

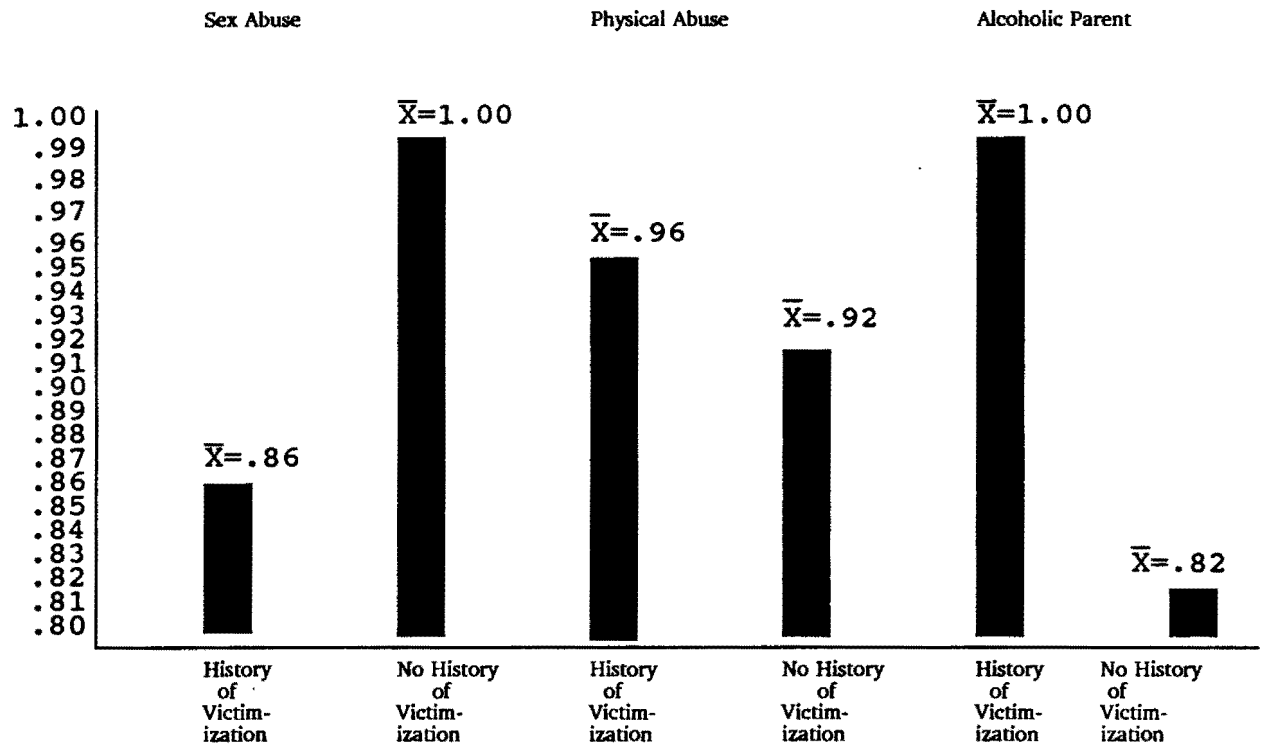


Table 12

Analysis of Variance Summary Table for: not in narrative and neutral items from Recognition Test by Group, Sex and History

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
MAIN EFFECTS					
Group	.061	2	.030	.496	ns
Sex	.008	1	.008	.122	ns
History	.019	1	.019	.311	ns
2-WAY INTERACTIONS					
Group/Sex	.049	2	.024	.395	ns
Group/History	.405	2	.203	3.300	.041*
Sex/History	.137	1	.137	2.231	ns
3-WAY INTERACTIONS					
Group/Sex/Hist	.091	2	.046	.743	ns
Explained	.789	11	.072	1.168	ns
Residual	6.695	109	.061		
Total	7.484	120	.062		

\*p=0.05

\*\*p=0.01

Table 13

Analysis of Variance Summary Table for: in narrative and  
congruent with stereotype items from Recognition Test by  
Group, Sex and History

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
MAIN EFFECTS					
Group	.009	2	.005	.240	ns
Sex	.022	1	.022	1.172	ns
Hist	.001	1	.001	.044	ns
2-WAY INTERACTIONS					
Group/Sex	.042	2	.021	1.097	ns
Group/Hist	.022	2	.011	.570	ns
Sex/Hist	.007	1	.007	.362	ns
3-WAY INTERACTIONS					
Group/Sex/ Hist	.070	2	.035	1.828	ns
Explained	.187	11	.017	.889	ns
Residual	2.086	109	.019		
Total	2.273	120	.019		

\*p=0.05

\*\*p=0.01

Table 14

Analysis of Variance Summary Table for in narrative and  
neutral items from Recognition Test by Group, Sex and  
History

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig of F</u>
MAIN EFFECTS					
Group	.062	2	.031	.935	ns
Sex	.020	1	.020	.598	ns
Hist	.002	1	.002	.060	ns
2-WAY INTERACTIONS					
Group/Sex	.019	2	.009	.281	ns
Group/Hist	.069	2	.034	1.038	ns
Sex/Hist	.039	1	.039	1.183	ns
3-WAY INTERACTIONS					
Group/Sex/ Hist	.027	2	.013	.403	ns
Explained	.252	11	.023	.689	ns
Residual	3.616	109	.033		
Total	3.868	120	.032		

---

\*p=0.05

\*\*p=0.01

## CHAPTER V

### DISCUSSION

The purpose of the current study was to examine whether or not adults perceive juvenile victims of abuse more negatively than juveniles who are not identified as victims. Another purpose of the current study was to determine whether or not adults recognize information presented to them less accurately than those adults exposed to juveniles with no indication of abuse.

No differences in perceptions were obtained from ratings of abuse victims compared to those for nonvictims. Mean ratings for juveniles across all groups tended to be low (on the 1-7 rating scale when adjustments were made so that low numbers represented negative ratings), and, as stated, were not different from each other. At least two factors may help account for these findings.

The age of the stimulus juvenile and the three stimulus conditions may have influenced results. All three juveniles in the current study were nine year-olds. Earlier studies reporting negative perceptions of victims have either not indicated the age of the victim at the time of victimization to respondents, (e.g., Jackson & Ferguson, 1983), or have

obtained results indicating that while older juveniles may be blamed for their victimization, younger ones appear to not be blamed. The Waterman Foss-Goodman (1984) study assessed attribution of blame for sexual abuse among 7, 11 and 15 year-old juveniles. Significant blame was assigned only for 15 year-olds. Secondly, it is important to note that the current study examined perceptions of a sexual and a physical abuse victim, and compared these to those for a child from an alcoholic parent; i.e., three dysfunctional family situations. Perhaps these three children from these dysfunctional family situations were perceived in similarly negative ways, as measured by this study.

Further, the hypothesis that links between respondent characteristics and ratings of victims would be obtained was not supported. Males did not rate victims more negatively than did females, and no relationship between respondents' victimization history and ratings of victims was obtained. Again, the age of the victims in the current study was nine, and this fact may have mediated respondents' ratings. While males did assign significant blame to sexual abuse victims in the Waterman Foss-Goodman (1984) study, they did so only for 15 year-olds, and they tended to blame male victims more than female ones for their victimization. When interpreting the results of non-significance between respondents' history of victimization and their ratings of victims, it is important to consider the instrument used in this study to

assess respondents' victimization histories.

Respondents in the current study who indicated having felt like victims were not asked to identify the type of victimization experienced, nor to provide any other type of information. Respondents may have interpreted the question, "Have you ever felt like a victim," in ways unrelated to sexual or physical abuse, introducing bias to these results. For example, respondents may have experienced a theft or mugging situation and, therefore, considered themselves as having been victims. Research reporting a link between respondents' victimization status and ratings of victims obtained significant results when respondents had experienced victimization similar to that experienced by the victims described in these studies. Respondents in the Waterman Foss-Goodman (1984) study who indicated a history of sexual abuse attributed less fault to the sex abuse victim in the study than did those respondents reporting no history of abuse. Therefore, conclusions about the presence or absence of a link between victimization status and ratings of juvenile victims cannot be fully understood from the current study.

Finally, there is another factor that may have influenced the results of the current study. The ordering of the items on the Perceptions of Victims' Questionnaire may have introduced a systematic bias to the data. Specifically, items were rotated so that one item's negative

rating was a "1," while the next item's negative rating was a "7." Respondents may have recognized a pattern in the ordering of these items and developed a response pattern (i.e., a bias) without attending and responding to the specifics of each item. In summary, results from the current study do not support other above-discussed research reporting that victims are perceived more negatively than nonvictims, and that the respondents' gender and victimization status are linked to ratings of victims.

A second important aim of the current study was to determine whether or not the accuracy of respondents' recognition ability was affected by their exposure to the salient information that a juvenile was abused. The fact that stereotypical thinking occurs when a salient piece of information is presented has been discussed (e.g., Stephan & Langlois, 1984), and it is clear that this stereotypical thinking results in less accurate recognition ability and introduces elaboration into material presented to one. The current study was, in part, designed to examine theories and empirical examinations about how social memory is affected by the material with which one is presented.

Respondents in the current study completed a Recognition Test after reading a narrative. Items in the Recognition Test were largely taken from the narrative, but some items not in the narrative were added to it. The additional items contained information congruent with



stereotypical thinking about abuse victims, and these additions were expected to better assess results regarding recognition ability.

A significant main effect for group was obtained for those items that were not in the narrative, but were congruent with stereotypical thinking about juvenile victims of abuse. Respondents who were exposed to the sexual abuse condition tended to introduce more elaborations into their thinking as evidenced by their less accurate recognition of material from these items on the Recognition Test. Both the physical abuse and alcoholic parent conditions differed significantly from the sexual abuse one with regard to responses to this test. While several caveats will be discussed, it appears that the most elaboration occurs when adults know that a juvenile has been sexually abused, and that sexual abuse may be more salient to respondents than either physical abuse or being the child of an alcoholic.

A significant Group X History interaction was obtained for items not in the narrative and neutral from the Recognition Test. Respondents reporting a history of victimization demonstrated less accurate recognition ability than those reporting no history, depending on which stimulus condition was presented to the respondent. Respondents reporting a history of victimization and exposed to the sexual abuse condition demonstrated the least accurate recognition ability of the three conditions. However,

respondents reporting no history of victimization and exposed to the sexual abuse condition demonstrated accurate recognition ability. Respondents reporting a history of victimization and exposed to the physical abuse condition also demonstrated less than accurate recognition ability, but not to the degree of those exposed to the sexual abuse condition. Finally, respondents reporting a history of victimization and exposed to the alcoholic parent condition recognized information accurately as measured by this study. It appears that the prediction that respondents' recognition ability would be affected by their exposure to salient information about another may be supported by these data.

As stated, however, some caveats must be kept in mind when interpreting these results. First, because multiple comparisons of means were conducted, there is the possibility that a Type I error occurred and results could be due to chance--especially since the obtained significance level was near that for a "chance" result. Second, the ordering of the items on the Recognition Test may have systematically biased the data. Items were rotated so that one item was in fact "true," while the next one was "false." As with the Perceptions of Victims' Questionnaire, respondents may have developed a response bias without regard to the actual content of the items. Also, the number of items for each type of Recognition Test item was quite small; e.g., one type had only one item.

The current study may be an important first step in assessing perceptions of juvenile abuse victims and the stereotypical thinking of others exposed to the fact of this abuse. However, much remains to be understood about these issues. Future studies might vary the stimulus juvenile's age to better assess negative perceptions of victims and when they might begin to occur. Adding a fourth group to a study with a juvenile who is described in healthy and non-dysfunctional ways would enhance our understanding of how perceptions may differ for victims and nonvictims. To better evaluate the relationship between respondent characteristics and ratings of victims, respondents' victimization histories should be more fully explored with regard to the type of experience and the age at the time it occurred. Finally, a longer and more elaborate instrument might be developed with which to assess the recognition ability of respondents exposed to salient information.

## References

- Barahal, R.M. (1981). The social cognitive development of abused children. Journal of Consulting and Clinical Psychology, 49 (4), 508-516.
- Blumberg, M.L. (1981). Depression in abused and neglected children. Journal of Psychotherapy, 35 (3), 342-355.
- Bolton, F.G. (1977). Delinquency patterns in maltreated children and neglected children. Victimology, 2 (2), 349-357.
- Bowman, E.S., Blix, S., & Coons, P.M. (1983). Multiple personality in adolescence: Relationship to incestual experiences. Journal of the American Academy of Child Psychiatry, 24 (1), 109-114.
- Brant, R.S.T., & Tisza, V.B. (1976). The sexually misused child. Paper presented at the 1976 annual meeting of the American Orthopsychiatric Association.
- Cantor, N., & Mischel, W. (1977). Traits as prototypes: Effects on recognition memory. Journal of Personality and Social Psychology, 35 (1), 38-48.
- Carroll, J., Schaffer, C., Spensley, J., & Abramowitz, S.I. (1980). Family experiences of self-mutilating patients. American Journal Psychiatry, 137 (7), 852-853.
- Conte, J. (1985). The impact of sexual abuse on children: Empirical findings. In E.A. Walker (Ed.), Handbook on sexual abuse of children. New York: Springer.

- Elder, E., & Gregg, G.S. (1967). Developmental characteristics of abused children. Pediatrics, 40 (4), 596-602.
- Frieze, I.H. (1986). The female victim: Rape, wife battering and incest. Paper presented at the 1986 American Psychological Association master lecture.
- Galambos, N.L., & Dixon, R.A. (1984). Adolescent abuse and the development of personal sense of control. Child Abuse and Neglect, 8, 285-293.
- Green, A.H. (1983). Child abuse. Dimension of psychological trauma in abused children. Journal of the American Academy of Child Psychiatry, 22 (3), 231-237.
- Green, A.H. (1978). Self-destructive behavior in battered children. American Journal Psychiatry, 135 (5), 579-582.
- Gross, M. (1979). Incestuous rape: A case for hysterical seizures in four adolescent girls. American Journal Orthopsychiatry, 704-708.
- Hamilton, D.L. (1981). Cognitive representations of persons. In Higgins, Herman, & Zanna (Eds.), Social cognition: The Ontario symposium. New Jersey: Lawrence Erlbaum.
- Howes, C., & Espinosa, M.P. (1985). The consequences of child abuse for the formation of relationships with peers. Child Abuse and Neglect, 9, 397-404.

- Hjorth, C.W., & Ostrov, E. (1982). The self-image of physically abused adolescents. Journal of Youth and Adolescence, 11 (2), 71-75.
- Jacobson, R.S., & Straker, G. (1982). Peer group interaction of physically abused children. Child Abuse and Neglect, 6, 321-327.
- Jackson, T.L., & Ferguson, W.P. (1983). Attribution of blame in incest. American Journal of Community Psychology, 11 (3), 313-322.
- Jones, C., & Aronson, E. (1973). Attribution of fault to a rape victim as a function of respectability of the victim. Journal of Personality and Social Psychology, 26 (3), 415-419.
- Kinard, E.M. (1980). Emotional development in physically abused children. American Journal Orthopsychiatry, 50 (4), 686-696.
- Kratcoski, P.C., & Kratcoski, L.D. (1982). The relationship of victimization through child abuse to aggressive delinquent behavior. Victimology, 7, 199-203.
- Lerner, M., & Miller, D. (1978). Just world research and the attribution process: Looking back and ahead. Psychological Bulletin, 85, 1030-1051.
- MacVicar, K., & Dillon, M. (1980). Childhood and adolescent development of ten female prostitutes. American Academy of Child Psychiatry, 19, 145-159.

- Monane, M., Leichter, D., & Lewis, D.O. (1984). Physical abuse in psychiatrically hospitalized children and adolescents. Journal of the American Academy of Child Psychiatry, 23 (6), 653-658.
- National Committee for Prevention of Child Abuse. (1985). Working Paper Number 8.
- Orr, D., & Downes, M.C. (1985). Self-concept of adolescent sexual abuse victims. Journal of Youth and Adolescence, 14 (5), 401-409.
- Ostrom, T.M., Pryor, J.B., & Simpson, D.D. (1981). The organization of social information. In Higgins, Herman, & Zanna (Eds.), Social cognition: The Ontario symposium (pp. 3-37). New Jersey: Lawrence Erlbaum Associates.
- Owens, T.H. (1984). Personality traits of female psychotherapy patients with a history of incest: A research note. Journal of Personality Assessment, 48 (6), 606-608.
- Paperny, D.A., & Deisher, R.W. (1983). Maltreatment of adolescents: The relationship to a predisposition toward violent behavior and delinquency. Adolescence, 18 (71), 499-506.
- Pearce, J.W. (1984). Characteristics of abused children: Research findings. Canada's Mental Health, 6, 2-6.
- Rogers, S., & LeUnes, A. (1982). A psychometric and behavioral comparison of delinquents who were abused as

children with their nonabused peers. Journal of Clinical Psychology, 35 (2), 470-472.

Silbert, M.H., & Pines, A.M. (1983). Early sexual exploitation as an influence in prostitution. Social Work, July-Aug, 285-289.

Slade, B.B., Steward, M.S., Morrison, T.L., & Abramowitz, S.I. (1984). Locus of control, persistence and use of contingency information in physically abused children. Child Abuse and Neglect, 8, 447-457.

Stephan, C.W., & Langlois, J.H. (1984). Baby beautiful: Adult attributions of infant competence as a function of infant attractiveness. Child Development, 55, 576-585.

Taylor, S.E., & Crocker, J. (1981). Schematic bases of social information processing. In Higgins, Herman, & Zanna (Eds.), Social cognition: The Ontario symposium (pp. 89-131). New Jersey: Lawrence Erlbaum Associates.

Tourangeau, R. (1984). Cognitive sciences and survey methods. In T.B. Jabine, et al. (Eds.), Cognitive aspects of survey methodology. Washington, D.C.: National Academy Press.

Tsai, M., Feldman-Summers, S., & Edgar, M. (1979). Childhood molestation: Variables related to differential impacts on psychosexual functioning in adult women. Journal of Abnormal Psychology, 88 (4), 407-417.



- Walster, E. (1964). Assignment of responsibility for an accident. Journal of Personality and Social Psychology, 3 (1), 73-79.
- Waterman, C.K., & Foss-Goodman, D. (1984). Child molesting: Variables relating to attribution of fault to victims, offenders, and nonparticipating parents. The Journal of Sex Research, 20 (4), 329-349.
- Wortman, C.B. (1983). Coping with victimization: Conclusions and implications for future research. Journal of Social Issues, 39 (2), 195-221.

## **APPENDIX A**

## INFORMED CONSENT

Dear Friend:

Thank you for volunteering to participate in our research project.

Please know that all the information that we collect today is confidential. This means that it will be seen only by me and other qualified researchers and will be used for research purposes only. Further, the information is anonymous. Your name will not appear on any of the data. Instead, we are coding all of the information by number, not name. Finally, should you decide at any point to discontinue your participation in our project, for whatever reason, please feel free to do so. Though we do not expect that this will happen, we want you to know that you are free to leave the study at any point without incurring any penalty.

Please feel free to ask any questions. Once again, thank you for participating in our project.

Sincerely,

MaryJane Thiel

I have read the above and understand it.

---

Signature

---

Date

## **APPENDIX B**

# Notes from camp director:

7/15/88

Requested meeting with parents of Amy Smith, a 9-year-old girl spending six weeks here at Camp Fun. Some incidents over the last four weeks precipitated a request for a meeting with Amy's parents during "Parent's Weekend."

1) During a "free play" period 6/29/88, Amy and several other children were involved in a fight. Her camp counselor, Mrs. M., came upon several children arguing in the playground. Amy was yelling with arms raised as if ready to strike another girl. Two girls were nearby crying.

Mrs. M. talked with children involved and urged them to make up. The children agreed and resumed playing. Amy attended arts and crafts that day and completed her project for this activity.

2) At 10:15 p.m., 7/2/88, it was discovered Amy was missing from her bed in her lodge. The director, as well as two other counselors, were immediately notified and their help was enlisted. Amy was located at 11:45 p.m., talking with a boy near his lodge.

The counselor discussed this incident with Amy 7/3/88, after breakfast. Amy agreed to follow camp rules. She said she had been talking to Timmy because she thought she lost a ring near his lodge and couldn't go to sleep without it.

Amy's parents were telephoned 7/13 to confirm their visit during the upcoming "Parent's Weekend." Amy's mother, Mrs. Smith, stated she would be attending alone; Mr. Smith would be unable to attend. Amy's behaviors were discussed with Mrs. Smith.

Sent for Amy's health records from her pediatrician. Reviewed records upon receipt of them. Noted an entry in these records indicating Amy had

## GROUP I

been seen several times earlier that year by her doctor for various complaints. it was noted Amy had been sexually abused by her father.

## GROUP II

been seen several times earlier that year by her doctor for

various complaints. It was noted Amy had been physically abused by her father.

### GROUP III

been seen several times earlier that year by her doctor for various complaints. It was noted Amy had been upset because her father was away for a period of time while hospitalized for treatment for alcoholism.

3) On 7/12/88, Amy was found crying alone in the bathroom. When her counselor, Mrs. M, found her, she asked Amy what the problem was. Amy said she hated this place and nobody liked her.

Mrs. M. talked with Amy until she stopped crying. Mrs. M. requested Amy's help in setting up lunch for everyone. Amy helped and was overheard later telling some other children she had helped Mrs. M. get lunch ready.

## APPENDIX C

Does not get along with friends.	1	2	3	4	5	6	7 Gets along with friends.
Shows concern when friends are upset.	1	2	3	4	5	6	7 Does not show concern when friends are upset.
Has low regard for self.	1	2	3	4	5	6	7 Has high regard for self.
Has above average intelligence.	1	2	3	4	5	6	7 Has below average intelligence.
I would not be happy to spend time with this person.	1	2	3	4	5	6	7 I would be happy to spend time with this person.
Does not express sexual concerns.	1	2	3	4	5	6	7 Expresses sexual concerns.
Is aggressive.	1	2	3	4	5	6	7 Is not aggressive.
Takes responsibility for behaviors.	1	2	3	4	5	6	7 Blames others for behaviors.
Does not feel good about family.	1	2	3	4	5	6	7 Feels good about family.
Takes good care of self.	1	2	3	4	5	6	7 Does not take good care of self.
Does not like to play with friends.	1	2	3	4	5	6	7 Likes to play with friends.
Help friends.	1	2	3	4	5	6	7 Does not help friends.
Does not think well of self.	1	2	3	4	5	6	7 Thinks well of self.
Compares well with other mentally	1	2	3	4	5	6	7 Compares poorly with others mentally.



This person is not attractive.	1	2	3	4	5	6	7	This person is attractive.
Does not communicate in sexual ways	1	2	3	4	5	6	7	Communicates in sexual ways.
Settles problems by fighting	1	2	3	4	5	6	7	Does not settle problems by fighting.
Is proud of achievements.	1	2	3	4	5	6	7	Is not proud of achievements.
Does not like relationship with family.	1	2	3	4	5	6	7	Likes relationship with family.
Tries to get needs met.	1	2	3	4	5	6	7	Does not try to get needs met.
Is not comfortable with others.	1	2	3	4	5	6	7	Is comfortable with others.
Cares when friends are sad.	1	2	3	4	5	6	7	Doesn't care when friends are sad.
Doesn't like herself.	1	2	3	4	5	6	7	Likes herself.
Acts intelligently.	1	2	3	4	5	6	7	Doesn't act intelligently.
I don't like this person.	1	2	3	4	5	6	7	I like this person.
Doesn't seek sexual stimulation.	1	2	3	4	5	6	7	Seeks sexual stimulation.
Is pushy with others.	1	2	3	4	5	6	7	Is not pushy with others.
Takes responsibility for misbehaviors	1	2	3	4	5	6	7	Does not take responsibility for misbehaviors.

Doesn't get along with family.	1	2	3	4	5	6	7	Gets along with family.
Handles new situations well.	1	2	3	4	5	6	7	Doesn't handle new situations well.

## APPENDIX D

- 

- 

- 

- 

- 

- 

-

- 8) How likely do you think it is someone else will have a drinking problem?

1 2 3 4 5 6 7  
Not very likely. Extremely likely.

- 9) How likely do you think it is you will have a venereal disease?

1 2 3 4 5 6 7  
Not very likely. Extremely likely.

- 10) How likely do you think it is someone else will have a venereal disease?

1 2 3 4 5 6 7  
Not very likely. Extremely likely.

- 11) How likely do you think it is you will have diabetes?

1 2 3 4 5 6 7  
Not very likely. Extremely likely.

- 12) How likely do you think it is someone else will have diabetes?

1 2 3 4 5 6 7  
Not very likely. Extremely likely.

- 13) How likely do you think it is you suffer an injury in a car accident?

1 2 3 4 5 6 7  
Not very likely. Extremely likely.

- 14) How likely do you think it is someone else will suffer an injury in a car accident?

1 2 3 4 5 6 7  
Not very likely. Extremely likely.

- 15) How likely do you think it is you will have a nervous breakdown?

1 2 3 4 5 6 7  
Not very likely. Extremely likely.

16. How likely do you think it is someone else will have a nervous breakdown?

1 2 3 4 5 6 7  
Not very likely. Extremely likely.

17. How likely do you think it is you will be mugged?

1	2	3	4	5	6	7
Not very likely.				Extremely likely.		

18. How likely do you think it is someone else will be mugged?

1	2	3	4	5	6	7
Not very likely.				Extremely likely.		

19. How likely do you think it is you will be divorced?

1	2	3	4	5	6	7
Not very likely.				Extremely likely.		

20. How likely do you think it is someone else will be divorced?

1	2	3	4	5	6	7
Not very likely.				Extremely likely.		

## **APPENDIX E**

RECOGNITION TEST (Sexual Abuse)

PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION

1) Amy was physically abused.

TRUE FALSE

2) Amy participated in her arts and crafts class.

TRUE FALSE

3) Amy's parents were divorced.

TRUE FALSE

4) Amy said she thought she lost a ring near the boys' camp.

TRUE FALSE

5) Amy came from a poor family.

TRUE FALSE

6) The camp counselor sent for Amy's health records.

TRUE FALSE

7) Amy was seen hitting another child on the playground.

TRUE FALSE

8) Amy was sexually abused.

TRUE FALSE

9) Amy was found inside a boy's lodge one evening.

TRUE FALSE

10) Amy was found crying alone in the bathroom of her lodge.

TRUE FALSE

11) Mrs. Smith stated she and Mr. Smith would be attending "Parent's Weekend."

TRUE FALSE



12) Amy told her counselor nobody liked her.

TRUE            FALSE

13) Amy had been upset because her father had been away from home while hospitalized for treatment of alcoholism.

TRUE            FALSE

## Recognition Test (Physical Abuse)

PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION

- 1) Amy had been upset because her father had been away from home while hospitalized for treatment of alcoholism.  
TRUE FALSE
- 2) The camp counselor sent for Amy's health records.  
TRUE FALSE
- 3) Amy's parents were divorced.  
TRUE FALSE
- 4) Amy participated in her arts and crafts class.  
TRUE FALSE
- 5) Amy came from a poor family.  
TRUE FALSE
- 6) Amy said she thought she lost a ring near the boys' camp.  
TRUE FALSE
- 7) Amy was seen hitting another child on the playground.  
TRUE FALSE
- 8) Amy was found crying alone in the bathroom of her lodge.  
TRUE FALSE
- 9) Amy was found inside a boy's lodge one evening.  
TRUE FALSE
- 10) Amy was physically abused.  
TRUE FALSE
- 11) Mrs. Smith stated she and Mr. Smith would be attending "Parent's Weekend."  
TRUE FALSE

12) Amy told her counselor nobody liked her.

TRUE      FALSE

13) Amy was sexually abused.

TRUE      FALSE

## RECOGNITION TEST (Alcoholic Parent)

PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION

1) Amy was seen hitting another child on the playground.

TRUE FALSE

2) Amy participated in her arts and crafts class.

TRUE FALSE

3) Amy was physically abused.

TRUE FALSE

4) Amy said she thought she lost a ring near the boy's camp.

TRUE FALSE

5) Amy's parent's were divorced.

TRUE FALSE

6) The camp counselor sent for Amy's health records.

TRUE FALSE

7) Amy came from a poor family.

TRUE FALSE

8) Amy was found crying alone in the bathroom of her lodge.

TRUE FALSE

9) Amy was sexually abused.

TRUE FALSE

10) Amy told her counselor nobody liked her.

TRUE FALSE

11) Mrs. Smith stated she and Mr. Smith would be attending "Parent's Weekend."

TRUE FALSE

- 12) Amy had been upset because her father had been away from home while hospitalized for treatment of alcoholism.

TRUE            FALSE

- 13) Amy was found inside a boy's lodge one evening.

TRUE            FALSE

## APPENDIX F

THANK YOU VERY MUCH FOR YOUR COOPERATION IN THIS PROJECT!

You are asked to pretend you are a camp counselor. Children usually return to this camp year after year. You have just received the files on your incoming campers.

Following is the file for one of your incoming campers. First, you are asked to read a page from the file of this camper. Then, you are asked to complete several questionnaires. As you complete a page, please go forward to the next page. Please do not turn backwards to look at pages you have already completed. Your cooperation in this matter is appreciated.

Following is a sample question with information about how to answer the questions:

SAMPLE QUESTION:

John is a small boy. 1 2 3 4 5 ⑥ 7 John is a  
tall boy.

I believe John is sort of tall, so I circled "6" above.

This is the format for most of the questionnaires that follow. You are asked to circle the number that most closely agrees with what you believe.

REMEMBER: DO NOT TURN BACK TO PAGES ALREADY COMPLETED.

APPROVAL SHEET

The thesis submitted by MaryJane Thiel has been read and approved by the following committee:

Dr. Jill N. Reich, Director  
Associate Professor, Psychology and Associate Dean  
Graduate School, Loyola

Dr. Linda Heath  
Associate Professor, Psychology, Loyola

The final copies have been examined by the director of the thesis and the signature that appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the Degree of Master of Arts.

10-30-90  
Date

Jill N. Reich  
Director's Signature